

County Name: _____

HSD-5 ARRANGEMENTS FOR ADDITIONAL AND SUPPLEMENTAL BENEFITS - FOR MEDICARE

Non-required Benefits	Additional Benefit	Mandatory Supplemental Benefit	Optional Supplemental Benefit	Name and Location of Provider <i>If Group, IPA, PHO, Direct or Staff, so state</i>
Vision Screening				
Additional Vision Care including eyeglasses and contact lenses				
Dental Care in Addition to Required				
Inpatient Mental Health				
Prescription Drugs (outpatient)				
Intermediate and Long-Term Care				
Long-Term Physical Med/Rehab				
Hearing Screening				
Hearing Aids				
Other (Specify)				

ARRANGEMENTS FOR ADDITIONAL AND SUPPLEMENTAL BENEFITS - For Medicare **TABLE: HSD-5**

Instructions:

Provide a separate table for each county or partial county.

Check which benefit type is being offered.

Definitions: Refer to the HMO/CMP Manual, Chapter 5200 and OPL95.030 when completing this table for an understanding of what constitutes an *Additional Benefit*, *Mandatory Supplemental Benefit*, or *Optional Supplemental Benefit*.

Column Explanations:

1. Non-required ACR Benefits

2. Additional Benefit - Health care services not otherwise covered by Medicare and reductions in premiums or cost-sharing for Medicare-covered services. Additional benefits are specified by the M+C organization and are offered to Medicare beneficiaries at no additional premium. These benefits must be at least equal in value to the adjusted excess amount calculated in the M+C plan's ACR.

3. Mandatory Supplemental Benefit - Health care services not covered by Medicare which beneficiaries must purchase as a condition of enrollment in an M+C plan. Usually these services are paid for by premiums and/ or cost-sharing. Mandatory supplemental benefits can be different for each M+C plan offered by an M+C organization. M+C organizations must ensure that mandatory supplemental benefits are not used to encourage enrollment from a select group of Medicare eligibles and thus discourage enrollment by members who do not fit within this category.

4. Optional Supplemental Benefit - Services not covered by Medicare which beneficiaries may choose to purchase for additional plan premium. Optional Supplemental Benefits may be offered individually or in groups and may differ for each M+C plan.

5. Name and Address of Providers for Medicare Beneficiaries - Enter provider name and address where services are provided. If provider is Group, IPA, PHO, Direct w/Plan or Staff indicate name of entity; if provided by more than one source, state all sources. If the service is provided by a subcontractor indicate the name of the entity.

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